



2009 Medicare Reporting Legislation

August 13, 2009

Medicare Mandatory Insurer Reporting Requirements (MMIRR)

Background

The Centers for Medicare/Medicaid Services (CMS) requires their interests be protected prior to any settlement of the medical portion of a claim for qualified individuals. Recent laws mandate that claims with the potential to be covered under the CMS regulations must be reported. Penalties for noncompliance are \$1,000 per claim, per day.

RRE Registration

Non group health, liability insurance, no-fault insurance, workers' compensation and others are RREs as defined by the CMS must register between **May 1, 2009 and September 30, 2009**. In order to register, the RRE must report the approximate number of reported claims during the last calendar year, for each line of business that resulted in a medical payment to a claimant. RRE ID numbers, a government EDI representative and due dates for live production and subsequent reporting will be assigned upon registration. Refer to the MMSEA User Guide for additional details on the responsibilities of employers, TPAs and agents.

How to Register

Beginning May 1, 2009 the registration website will be live at www.Section111.cms.hhs.gov Refer to Section 8 of the MMSEA User Guide for additional information. To assist our clients with the registration process, CorVel will be distributing an overview of the agent registration process shortly.

Testing Period with CMS

The CMS has revised the testing period to be **January 1, 2010 through March 31, 2010**, allowing RREs to submit first production files in the **second quarter of 2010**. If testing is completed in time, the RRE can submit a production report in the first quarter of 2010. Regardless of when the first production report is submitted, it must include all records required by CMS guidelines. If utilizing an Agent, the Agent must perform all testing with the CMS.

Ongoing Reporting

RREs must report new claims for Medicare beneficiaries that received settlements, judgments, awards or medical payments during the quarterly reporting period. They must also report any changes or corrections to claims that were previously reported and final notification on any previously reported claims if the Ongoing Responsibility for Medical Payments (ORM) has ended.

How to Prepare

Determine responsibility and lines of business required for reporting. Collect reportable data on all open claims, and establish protocols to identify and report all current claims as required by the CMS.

CMS Updates Published March 16, 2009

CMS has set January 1, 2009 as a cut-off date for how far back RREs must include claims that have been closed or filed. If a claim is closed or filed prior to January 1, 2009, the RRE does not have to include it in their reporting, even if they have responsibility for medical payment. If a payment is approved for a closed or filed claim at any time in the future, that claim must be considered reopened and included in the next quarterly report, if the claimant is Medicare-eligible.

New Limitations Published July 31, 2009

For workers' compensation ORM claims meeting all of the following criteria are excluded from reporting for file submissions due through **December 31, 2011**.

- a) Medicals only
- b) Lost time is no more than the number of days permitted by the applicable workers' compensation law for 'medical only' claims (or 7 calendar days if the applicable law has not such limit)
- c) All payment(s) have been made to provider
- d) Total payment does not exceed **\$750.00**

Refer to the MMSEA User Guide for additional details.

Reporting Timeline



File Format Changes Published March 16, 2009

The CMS changed the acceptable format for injury description and will now only accept a combination of the Medical Diagnosis Code and the External Cause of Injury code (or "E Code"). Refer to the MMSEA User Guide for additional information. Please refer to the CMS user guide for additional details regarding ICD-9 reporting. *Note: There were additional minor updates released by CMS on July 31, 2009 to the file format. CorVel will discuss with participating clients beyond the addition of the ICD-9 requirement.*

Pending Updates

The CMS has pending updates for the following: mass torts and product liability, bankruptcy and insolvency, clinical trials and model form. CorVel will communicate updates as soon as they are received.

CorVel Agent Services

As an assigned agent, CorVel helps our clients comply with the new CMS reporting legislation. We are an experienced information processing provider and will electronically submit files to the CMS in compliance with timelines and reporting requirements.

Services

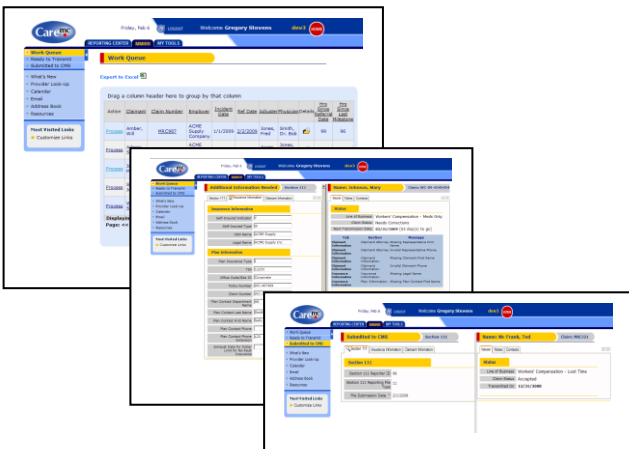
- Assistance with RRE registration
- EDI setup and testing with the CMS
- Initial and subsequent quarterly reporting
- Claims data clean-up and modifications
- Verification of Medicare eligibility

Benefits

- Minimize programming efforts
- Secure data transmissions
- CorVel has a relationship with the CMS
- National team of compliance experts

Online Access for Our Clients

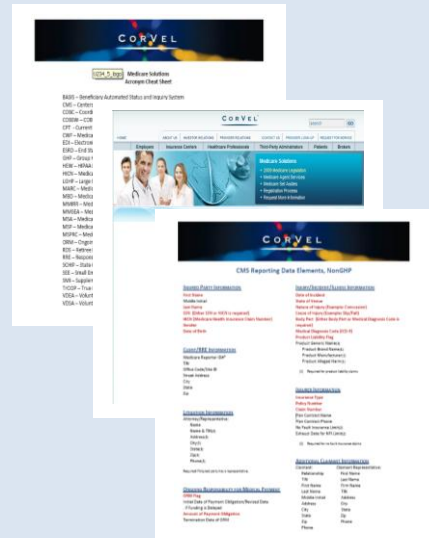
CorVel offers online access to enter initial claim data (for non-EDI Clients), store and enter claim data, access reports and manage ongoing claims that may require future reporting.



Additional Information

Contact your CorVel Representative or email marketing@corvel.com.

Visit www.corvel.com to access additional online information.



Listen to Recorded Webcasts

Learn how CorVel will comply with the new Medicare reporting requirements.

Go to www.corvel.com to view webcasts.